

COMMONWEALTH OF MASSACHUSETTS

Commission Against Discrimination

One Ashburton Place, Room 601

Boston, MA 02108

(617) 994-6000

(617) 994-6024 fax

Case Name: _____

Docket No: _____

Date: _____

Answers Due by: _____

For Internal Use Only

FOR COMPLAINANT:
QUESTIONNAIRE AND DOCUMENT REQUESTS ON
Maternity Leave and Pregnancy Related Discrimination

1. Please provide the Commission with the dates that you worked for your employer and state whether there was a probationary period during your employment.

2. Please state your job title and the job duties that you performed.

3. Please state whether you were a full-time or part-time employee and what the hours and days you worked.

4. Please state whether you received benefits provided by the employer (ie: health, vacation, retirement).

5. Please state whom at your job you informed that you were pregnant and the date, time, place and manner in which you informed them.

6. Please state whether you were denied maternity leave or experienced an adverse or negative employment action after informing your employer about your pregnancy.

7. Please state in detail how you were discriminated against and why you believe it was based on your pregnancy.

8. Please state whether you were aware of any policies regarding maternity leave and how you were aware of these policies.

9. Did you suffer any pregnancy related complications during your pregnancy or afterwards? State the nature of the complications.

10. Please explain how those complications affected your ability to do your job?

11. Please state whether you requested a reasonable accommodation (changes to your job or workplace) for any pregnancy related complication or disability to help you do your job.

12. Please state when you returned from your maternity leave and whether you felt that your job duties, position or benefits had changed in any way.

13. Please list all the names and phone numbers of witnesses that can verify or support your allegations.

14. Please list any persons that you are aware of at your place of business who took a maternity leave?

In addition to the documents already requested, please provide us with the following:

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Signature of Complainant

Date

***Please mail or fax your answers and supporting documents to:
Keith Healey / Tania Taveras at:***

MCAD, One Ashburton Place, Room 601, Boston MA 02108 Fax: (617) 994-6040